

Glossary of Terms

Accidental Falls

A principal external cause of injury that includes falls from a height, falls into a hole or opening, and falls on the same vertical level. The ICD-9-CM code range is E880-E888.

Accidental Poisoning

A principal external cause of injury group includes accidental poisonings by drugs, medicinal substances, biologicals, solid and liquid substances, gases, vapors, poisonous foodstuffs and poisonous plants. The ICD-9-CM code range is E850-E869.

Acute Care Beds

The number of licensed beds for those discrete daily hospital service cost centers providing general, acute care. Includes medical/surgical, obstetrics, psychiatric, chemical dependency services, and definitive observation.

Adjusted Day

Total gross inpatient and outpatient revenue divided by gross inpatient revenue times the number of patient (census) days. This statistic adjusts the number of patient days (usually by increasing) to compensate for outpatient services.

Adverse Effects of Medications

A principal external cause of injury group includes drugs, medicinal and biological substances causing adverse effects when properly administered in a correct therapeutic dosage. The ICD-9-CM code range is E930-E949.

Age-adjusted Rate

A calculation in which the proportion of ages within the population has been normalized using federal formulas, allowing for more accurate comparability between rates of county populations.

All pregnancies

Diagnostic codes referring to conditions affecting antepartum (before delivery), abortions, deliveries, and postpartum (after delivery). The ICD-9-CM code range is 630-676.

Anemia and Other Blood Disorders

Diagnostic codes referring to conditions affecting bone marrow, lymphatic tissue, platelets, red and/or white blood cells, and coagulation factors. The ICD-9-CM code range is 280-289.

Asthma

A condition marked by recurrent difficult and labored breathing with wheezing due to spasmodic contraction or inflammation of the bronchi in the lung. The ICD-9-CM code range is 493.00-493.93.

Auto Injuries

A cause of injury involving an automobile, whether the person is a driver, passenger, motorcyclist, rider of an animal, bicyclist, or pedestrian. The ICD-9-CM code range is E810-E819.

Available Beds

The average daily number of beds (excluding nursery bassinets) physically existing and actually available for overnight use, regardless of staffing levels. Excludes beds placed in suspense or in nursing units converted to non-patient care uses that cannot be placed into service within 24 hours.

Average Length of Stay (excluding long-term care)

The approximate average period of hospitalization for formally admitted patients who were discharged during the report period. The average is calculated by dividing total non-long-term care patient (census) days by the number of non-long-term care hospital discharges. Nursery days and discharges are also excluded from this calculation. Excluding long-term care discharges results in a more comparable statistic, since not all hospitals provide long-term care services.

Average Length of Stay (including long-term care)

The approximate average period of hospitalization for formally admitted patients who were discharged during the report period. This figure is calculated by dividing total patient (census) days by the number of hospital discharges. Nursery days and discharges are excluded from this calculation.

Births

Diagnostic codes referring to newborns born on the day of admission. The ICD-9-CM code range is V30-V39.

Birth Defects

Diagnostic codes referring to abnormal conditions that originate in the perinatal period (before, during, or after the time of birth). Many

conditions, although actually present at birth, do not manifest themselves until later in life. The ICD-9-CM code range is 740-759.

Cancer (includes non-cancerous growths)

Diagnostic codes referring to conditions involving an abnormal growth, which includes malignant (cancerous), benign (nonmalignant), in-situ (no invasion), metastatic (with invasion), or uncertain behavior growths and other conditions such as leukemia, multiple myeloma, and Hodgkin's disease. The ICD-9-CM code range is 140-239.

Cardiac Bypass

A surgical procedure involving a graft that brings blood from the aorta into the obstructed coronary artery. Also known as coronary artery bypass graft (CABG). The ICD-9-CM code range is 36.10-36.19.

Cardiovascular System Procedures

Diagnostic and surgical procedures on the heart, heart valves, arteries and veins throughout the body. The ICD-9-CM code range is 35-39.

Circulatory System

Diagnostic codes referring to conditions involving the heart and blood vessels. The ICD-9-CM code range is 390-459.

Community Clinic

A clinic operated by a tax-exempt nonprofit corporation that is supported in whole or in part by donations, bequests, gifts, grants, government funds or contributions. Any charges to the patient shall be based on the patient's ability to pay, utilizing a sliding fee scale.

Comparable Hospitals

These are all non-federal hospitals licensed in California other than prepaid health plan, State, Shriners, specialty hospitals, and psychiatric health facilities. Under provisions of law and regulations, or type of care provided, the latter five categories of hospitals do not file comparable data.

County Indigent Programs

This payer category includes indigent patients covered under Welfare and Institutions Code Section 17000, or all indigent patients for whom a county is responsible. This payer category also includes county-responsible indigent patients who are provided care in certain non-county hospitals under a county contract.

County Population

Population of a California county, obtained from the Department of Finance's demographics unit. The figures are estimates based on an average of current population surveys, driver's license address changes, and data from federal income tax returns

Deductions from Revenue

The difference between gross patient revenue (charges at full-established rates) and amounts received from patients or third-party payers for services performed. Includes contractual adjustments, charity care, provisions for bad debts, and other adjustments and allowances that reduce gross patient revenue.

Deliveries

Vaginal or Cesarean childbirth. The ICD-9-CM diagnosis code range is 630-676 with a procedure code range of 74.0-74.99.

Diagnostic/Therapeutic Procedures

Encounters for specific health services involving tests to determine the nature of a disease or condition; and/or treatment of a disease or condition. The ICD-9-CM code range is 87-99

Digestive System

Diagnostic codes referring to conditions affecting the mouth, esophagus, stomach, intestines, abdominal cavity, rectum, liver, gallbladder and pancreas. The ICD-9-CM code range is 520-579.

Digestive System Procedures

Diagnostic and surgical procedures on esophagus, stomach, small and large intestine, appendix, rectum, liver, gallbladder, pancreas, abdominal wall, and peritoneum. The ICD-9-CM code range is 42-54.

Discharge

The release from the hospital of a formally admitted inpatient, including through death. Also includes the transfer (discharge) of an inpatient from one type of care (Acute Care, Psychiatric Care, Rehabilitation Care, Long-term Care, and Residential Care) to another type of care within the hospital. Excludes nursery discharges.

Disproportionate Share Payments

Supplemental payments received by those hospitals which serve a high percentage of Medi-Cal and other low-income patients, as provided by Senate Bill 855 (Statutes of 1991). These payments are funded by

intergovernmental transfers from public agencies (counties, districts, and the University of California system) to the State and by federal matching funds.

Drug Poisonings

A cause of injury referring to toxic effects of substances that are not prescribed or taken as stated in the instructions. This does not include adverse or allergic reactions from prescribed or over-the-counter drugs. The ICD-9-CM code ranges are E850-E858 (accidental), E950.0-E950.5 (self-inflicted), E962.0 (assault), and E980.0-E980.5 (undetermined).

Ear Procedures

Diagnostic and surgical procedures on the external, middle, and inner ear. The ICD-9-CM code range is 18-20.

Emergency Medical Services (EMS)

Hospital services providing immediate initial evaluation and treatment of acutely ill or injured patients on a 24-hour basis. Licensed EMS levels are:

1. Standby: Provision of emergency medical care in a specifically designated area of the hospital that is equipped and maintained at all times to receive patients with urgent medical problems, and is capable of providing physician service within a reasonable time.
2. Basic: Provision of emergency medical care in a specifically designated area of the hospital that is staffed and equipped at all times to provide prompt care for any patient presenting urgent medical problems.
3. Comprehensive: Provision of diagnostic and therapeutic services for unforeseen physical and mental disorders that, if not properly treated, would lead to marked suffering, disability, or death. The scope of services is comprehensive with in-house capability for managing all medical situations on a definitive and continuing basis.
4. Trauma: Emergency rooms which are staffed and equipped at the highest level to treat any and all severe trauma cases. A local Emergency Medical Services Agency determines the level of designation.

Employment Sectors

Major categories of employment as defined by state and federal standards, used by workforce analysts for measuring the economy of state or region.

Endocrine System

Diagnostic codes referring to conditions affecting the thyroid, endocrine, parathyroid, pituitary, and adrenal glands. It also includes nutritional and immunity deficiencies, metabolism disorders, and obesity. The ICD-9-CM code range is 240-279.a

Endocrine System Procedures

Diagnostic and surgical procedures on the thyroid, adrenal, pineal, pituitary, and thymus glands. The ICD-9-CM code range is 06-07.

Extraordinary Items

Revenue received or expenses incurred from events that will, in all likelihood, never occur again. A positive amount represents an expense (loss); a negative amount represents revenue (gain).

Eye Procedures

Diagnostic and surgical procedures on the eyelids, lacrimal gland, conjunctiva, cornea, lens, retina, eye muscles, orbit, and eyeball. The ICD-9-CM code range is 08-16.

Female Reproductive Procedures

Diagnostic and surgical procedures on the ovary, fallopian tubes, cervix, uterus, vagina, vulva, and perineum. The ICD-9-CM code range is 65-71.

Free Clinic

A clinic operated by a tax exempt non-profit corporation supported in whole by voluntary donations, bequests, gifts, grants, government funds or contributions. Patients are not charged.

General Acute Care Hospital

A health facility providing 24-hour inpatient care, including the following basic services: medical, nursing, surgical, anesthesia, laboratory, radiology, and pharmacy services.

Genitourinary System

Diagnostic codes referring to conditions affecting the genital organs, breast, and urinary system. The ICD-9-CM code range is 580-629.

Gross Patient Revenue

The total charges at the hospital's full-established rates for the provision of patient care services before deductions from revenue are applied.

Gunshot Injuries

A cause of injury involving the use of a firearm. It does not include injuries inflicted by on-duty police or other law enforcement agents. The ICD-9-CM code ranges are E922.0-E922.9 (accidental), E955.0-E955.4 (self-inflicted), E965.0-E965.4 (assault), and E985.0-E985.6 (undetermined).

High Risk Delivery

Category of risk associated with childbirth in women who are less than 16 years of age or greater than 35 years of age.

HIV

Human immunodeficiency virus infection also known as AIDS (acquired immunodeficiency syndrome). The ICD-9-CM code is 042.

Home Health Agency

A private or public organization which provides, or arranges for provision of, skilled nursing services to persons in their residence.

Hospice

A healthcare organization providing palliative care to support a patient in the last phases of a terminal disease.

ICD-9-CM

International Classification of Diseases, 9th Revision, Clinical Modification. Designed for classification of morbidity and mortality information for statistical reporting purposes and information retrieval.

Infections

Diagnostic codes referring to conditions affected by viral, bacterial, or parasitic infections that are communicable. The ICD-9-CM code range is 001-139.

Inflicted by Others

A principal external cause of injury group including injuries inflicted by another person with intent to injure or kill by any means, and injuries due to legal intervention. This does not include injuries due to operations of war. The ICD-9-CM code range is E960-E978.

Injuries/Poisonings/Complications

Diagnostic codes referring to conditions which include fractures, dislocations, internal and external wounds, burns; drug poisonings and toxic effects of substances; complications of trauma, procedures, and medical care; and late effects of injuries, poisonings, or complications. The ICD-9-CM code range is 800-999.

Long-term Care Beds

The number of licensed beds for those discrete daily hospital services providing long-term care. Includes skilled nursing and intermediate care beds.

Lymph Nodes/Spleen/Bone Marrow Procedures

Diagnostic and surgical procedures on the lymph nodes and its structures, bone marrow, and spleen. The ICD-9-CM code range is 40-41.

Male Reproductive Procedures

Diagnostic and surgical procedures on the prostate, scrotum, testes, spermatic cord, epididymis, vas deferens, and penis. The ICD-9-CM code range is 60-64.

Mastectomy

A surgical procedure to remove part or all of the breast. The ICD-9-CM code range is 85.41-85.48.

Medi-Cal

The federal and state funded, State operated Medicaid program which provides medical benefits for certain low-income or needy persons in need of health and medical care. Data related to Medi-Cal patients enrolled in managed care programs funded by Medi-Cal are included in the Other Third Party Payers category.

Medicare

The federal reimbursement program administered by the Health Care Financing Administration that underwrites the medical costs of persons 65 and over, and some qualified persons under 65. Medicare patients enrolled in managed care programs funded by Medicare are included in the Other Third Party Payers category.

Mental Disorders

Diagnostic codes referring to conditions including psychosis, neurosis, personality disorder, developmental delays, and mental retardation. The ICD-9-CM code range is 290-319.

Musculoskeletal System

Diagnostic codes referring to conditions affecting the bones, joints, and connective tissue. The ICD-9-CM code range is 710-739.

Musculoskeletal System Procedures

Diagnostic and surgical procedures on the bones, joints, muscles, tendons, bursa, soft tissue, and fascia through the body. The ICD-9-CM code range is 76-84.

Nervous System

Diagnostic codes referring to conditions affecting the central nervous system (brain and spinal cord), peripheral nervous system (all other nerves), and sense organs (ear, eye). The ICD-9-CM code range is 320-389.

Nervous System Procedures

Diagnostic and surgical procedures on the brain, cerebral meninges, spinal cord and its structures, cranial and peripheral nerves, sympathetic nerves, and ganglia. The ICD-9-CM code range is 01-05.

Net Income from Operations

Total operating revenue less total operating expenses. This is the net income resulting from providing patient care in the hospital during the reporting period, exclusive of nonoperating revenue and expenses. Total operating revenue is defined as net patient revenue plus other operating revenue.

Net Patient Revenue

Gross patient revenue less deductions from revenue. This amount is more comparable than gross patient revenue because it indicates the actual amount received from patients and third party payers.

Noncomparable Hospitals

These are prepaid health plan, State, Shriners, specialty hospitals, and psychiatric health facilities which, under the provisions of law and regulations or because of the type of care provided, do not file comparable data.

Nonoperating Expenses

Expenses incurred for services that are not directly related to the provision of health care services. Examples of nonoperating expenses include loss on sale of hospital property, and the expenses associated with operating a medical office building and retail operations (for example, a gift shop).

Nonoperating Revenue

Revenue received or recognized for services that are not directly related to the provision of health care services. Examples of nonoperating revenue include unrestricted contributions, income and gains from investments, and various government assessments, taxes, and appropriations.

Non-profit Hospital

A type of ownership in which a hospital is operated by a church, not-for-profit corporation or other not-for-profit organization.

Nose/Mouth/Throat Procedures

Diagnostic and surgical procedures on the nose, nasal sinus, teeth, gum, tongue, salivary gland, palate, lip, mouth, tonsil, pharynx, and adenoid. The ICD-9-CM code range is 21-29.

Obstetrical Procedures

Diagnostic and surgical procedures related to pregnancy and childbirth. The ICD-9-CM code range is 72-75.

Occupancy Rate

The percentage of beds occupied during a reporting period, using available beds. Occupancy rate is calculated by dividing the number of patient (census) days by the number of bed days. Bed days are the number of days in the reporting period times the number of available beds.

Other Payers

This category represents all patients not sponsored by any third-party (Medicare, Medi-Cal, County Indigent Programs, and Other Third Party Payers) health care coverage. Includes those patients designated as self-pay, those indigent patients who are not the responsibility of a county, and those University of California hospital patients whose care is covered by Clinical Teaching Support funds.

Other Third Party Payers

This category includes patients covered by a variety of third party contractual purchasers of health care as well as indemnity plans. Also includes patients whose care is provided under managed care contracts funded by Medicare or Medi-Cal.

Other Operating Revenue

Revenue related to health care operations, but not from patient care services. Examples include non-patient food sales, rebates and refunds, purchase discounts, supplies and drugs sold to non-patients, and medical records abstract sales.

Other Accidents

A principal external cause of injury group including accidents caused by fire and flames, accidents due to natural and environmental factors, accidents caused by submersion, suffocation, and foreign bodies, accidents caused by inhalation or ingestion of food causing obstruction, accidental suffocation, accidents caused by falling objects, accidents caused by machinery, accidents caused by cutting and piercing objects, accidents caused by explosions, accidents caused by electric current, and exposure to radiation or noise. The ICD-9-CM code range is E890-E929.

Other Vehicle/Transport Accidents

A principal external cause of injury group including accidents from other road vehicle (pedal cycle, animal-drawn vehicle, animal being ridden, streetcar, snowmobile, all terrain vehicle); water transport; air and space transport; and other vehicles (tram, battery powered airport passenger vehicle, ski chair-lift, land yacht, breakage of cable). The ICD-9-CM code range is E826-E848.

Outpatient Visits

An appearance of an outpatient to an ambulatory services center or the appearance of an outpatient referred to the hospital for ancillary services. In both instances, the patient is typically treated and released the same day, and is not formally admitted, even though occasional overnight stays may occur.

Patient (Census) Days

Number of census days that all formally admitted inpatients spent in the hospital during the reporting period. Patient (census) days include the day of admission, but not the day of discharge. If both admission and discharge occur on the same day, one patient (census) day is counted. Nursery days are excluded.

Payers

Includes County Indigent, Medi-Cal, Medicare, Other Payers, Other Third Party Payers. See separate definitions for each.

Perinatal Disorders

Diagnostic codes referring to conditions that originate in the period beginning before birth and lasting through the 28th day of life. The ICD-9-CM code range is 760-779.

Population Estimates

Population figures for current years, based on California Department of Finance demographic analysis. In this edition of *Perspectives*, the figures used in calculating rates from 1998 and earlier are based on population estimates, not on census information.

Population Projections

Population figures for future years, based on California Department of Finance demographic analysis. In this edition of *Perspectives*, the figures used in calculating rates from 1999 on are based on population projections.

Premature Births

Infants born after the 27th week of gestation and before full term. The diagnosis of prematurity is based on the attending physician's clinical assessment of maturity of the infant, not solely on recorded birthweight or estimated gestational age. The ICD-9-CM code range is V30-V39 with associated code range of 764-765.

Principal Diagnosis

The condition established after study to be chiefly responsible for occasioning the admission of the patient to the hospital for care.

Principal External Cause of Injury

Primary injury causing admission to the hospital for care.

Principal Procedure

Primary procedure performed for definitive treatment rather than performed for diagnostic or exploratory purposes, or was necessary to take care of a complication.

Prostatectomy

A surgical procedure to remove part or all of a prostate. The ICD-9-CM code range is 60.21-60.69.

Rail and Motor Vehicle Accidents

A principal external cause of injury group including railway and automobile accidents. The ICD-9-CM code range is E800-E825.

Resident

A client residing in a long-term care facility as of the date of the annual census of that facility.

Respiratory System

Diagnostic codes referring to conditions affecting the nose, sinus, throat, lungs, and diaphragm. The ICD-9-CM code range is 460-519.

Respiratory System Procedures

Diagnostic and surgical procedures on the larynx, vocal cord, trachea, bronchus, lung, thoracic structures, pleura, mediastinum, and diaphragm. The ICD-9-CM code range is 30-34.

Self Inflicted

A principal external cause of injury group including injuries associated with attempted suicides and self-inflicted injuries specified as intentional. The ICD-9-CM code range is E950-E959.

Skin Disorders

Diagnostic codes referring to conditions affecting the skin, nails, sweat glands, hair, and hair follicles. The ICD-9-CM code range is 680-709.

Skin Procedures

Diagnostic and surgical procedures on the breast, skin, and subcutaneous tissue. The ICD-9-CM code range is 85-86.

Small/Rural Hospital

Small acute care hospitals located in counties with rural populations and that provide a narrow range of services with primary emphasis on simpler medical and surgical care. Health & Safety Code Section 124840 further provides that certain urban hospitals (e.g., a hospital with a skilled nursing emphasis) may be designated small/rural.

Specialty Hospital

A hospital providing specialty services such as psychiatric and long-term care services. (Some psychiatric facilities are considered specialty hospitals and some are considered psychiatric health facilities.) Data from specialty hospitals has been determined to be noncomparable.

State Population

Population of California obtained from the Department of Finance's demographics unit. The figures are based on an average of current population surveys, driver's license address changes, and data from federal income tax returns.

Symptoms and Other Reasons

Diagnostic codes referring to indications of a disease or condition; or are of unexplained etiology. The underlying cause has not been made at the time of hospital discharge. The ICD-9-CM code range is 780-799. "Other reasons" includes encounters for influencing the need specific health services. Examples are: vaccination, fitting and adjustment of devices, observation, and screening. The ICD-9-CM code range is V01-V82.

Teaching Hospital

Large, complex hospitals with a heavy teaching emphasis, owned by or affiliated with a university which has a school of medicine and uses the hospital as its primary training site. Teaching hospitals are also those facilities that carry on major teaching programs as part of their operation.

Treatment Stations

A specific place within the emergency medical services department of an acute care hospital adequate to treat one patient at a time.

Type of Control (Ownership)

A hospital classification based on ownership and legal organization. Types of control include district, county/city, investor, non-profit, and state. Sometimes county/city and state are grouped together under "government."

Undetermined and Other

A principal external cause of injury group including injuries that are not specified as accidental or intentional. The ICD-9-CM code range is E980-E989. "Other" includes misadventures during surgical and medical care, and abnormal reactions developing later without mention of misadventures at the time of surgical and medical procedures. The ICD-9-CM code range is E870-E879.

Unemployment Rate

A statistic calculated by California Employment Development Department using rounded numbers. It is defined as the number of unemployed residents divided by the number of residents in the labor force.

Urinary System Procedures

Diagnostic and surgical procedures on the kidney, ureter, bladder, urethra, and perivesical tissue. The ICD-9-CM code range is 55-59.

